

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1235  
Registrar's No. 1235

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1010 North 6th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fannie Jane Bibb

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Bibb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 4 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bridgewater Mass. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name John L. Gibbins

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. unknown

15. Birthplace Bridgewater Mass. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Bibb

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 11/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemetery

18. (a) Signature of funeral director Heaton, Bette & Borman

(b) Address 319 South 10th

19. (a) 11/6/43 (b) Roe Heizer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1010 North 6th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5  
year 1943 hour 1 minute 26 P. M.

21. I hereby certify that I attended the deceased from on Nov. 6, 1943  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic parenchymatous nephritis 5 yrs

Due to Chronic Cardiovascular degeneration 5 yrs

Due to General Senile Debility 5 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Woman died at her home following a long disability due to senile

Major findings: Of autopsy: N.D. and Cardio-Renal

vascular degeneration

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. F. Mundy (M. D. or other) Crowned

Address 444 So 3rd Date signed 11/5/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1235

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Elmer Thomas*

Licensed Embalmer No.

2640

P. O. Address

*Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.